

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 22 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Raytown		c. CITY OR TOWN Raytown	
Length of stay in 1b 1 yr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1317 Raytown Rd.		d. STREET ADDRESS (If outside, give location) 7317 Raytown Rd.	
3. NAME OF DECEASED (Type or print) First Kenneth Middle Homer Last CLARK		4. DATE OF DEATH Month MAY Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1910
9. AGE (last birthday) 51		10. IF UNDER 1 YEAR Months 5 Days 1 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or date of last work) Sales & Advertise		10b. KIND OF BUSINESS OR INDUSTRY John Deere Co. Faxon, OKLA.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME D. H. CLARK		13b. MOTHER'S MAIDEN NAME Dora Josephine Clark	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes WWII	
16. SOCIAL SECURITY NO. 9 Mrs Dora Clark		17. INFORMANT 7317 Raytown Rd.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		DUE TO (c) 2 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 a.m. p.m. Month, Day, Year 5-15-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Raytown, Mo.	
20g. COUNTY JACKSON		20h. STATE Mo.	
21. I attended the deceased from 1959 to 5-15-62 and last saw him alive on 5-15-62		Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE KW Butcher MD		22b. ADDRESS 7924 Paseo	
22c. DATE SIGNED 5-16-62		23. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-17-62	
23c. LOCATION (City, town, or county) Kansas City, Mo.		23d. STATE Mo.	
24. FUNERAL DIRECTOR Hinton Funeral Home Raytown, Mo.		25. DATE RECD. BY LOCAL REG. 5-17-62	
26. REGISTRAR'S SIGNATURE Alba R. Craig			

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address RC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.